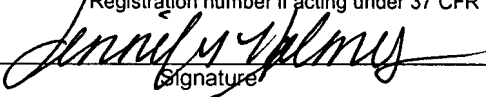


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | Docket Number (Optional)<br>PHPH-P01-015 |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------|--|------------------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|------------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number<br>10/591,482   |            | Filed<br>September 1, 2006               |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>MUTEIN OF A BONE MORPHOGENETIC PROTEIN AND USE THEREOF</b>  |            |  |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit<br>Not Yet Assigned   |            | Examiner<br>Not Yet Assigned             |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td>\$ <u>225.00</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u>. I have enclosed a duplicate copy of this sheet.</p> |            |  |                  |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <u>225.00</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                  |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                     | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                    | \$ <u>225.00</u> |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510                                    | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                    | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                   | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>08/06/2007 LLANDGRA 00000009 181945 10591482</p> <p>01 FC:2252 225.00</p> <p><input type="checkbox"/> I am the applicant/inventor.</p> <p><input type="checkbox"/> I am the assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> I am the attorney or agent of record. Registration Number <u>46,778</u></p> <p><input type="checkbox"/> I am the attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p style="text-align: center;"> <br/>       _____<br/>       Signature     </p> <p style="text-align: center;">       _____<br/>       Date     </p> <p style="text-align: center;">       _____<br/>       Typed or printed name     </p> <p style="text-align: center;">       _____<br/>       Telephone Number     </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>  |            |  |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 31, 2007

Signature:  (Mary Jane DiPalma)